

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	93884.09	
(c) Total Receipts (from Line 19)	13147.06	141372.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107031.15	235134.13
7. Total Disbursements (from Line 31)	9189.58	137292.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97841.57	97841.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10526.94

111042.71

(ii) Unitemized

2620.12

29809.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13147.06

140852.46

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

13147.06

140852.46

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

519.63

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13147.06

141372.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13147.06

141372.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	189.58	2292.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	189.58	2292.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	135000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9189.58	137292.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9189.58	137292.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13147.06	140852.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13147.06	140852.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	189.58	2292.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	519.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	189.58	1772.93

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Christopher Fonvielle

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : A33C897037A034DCB85A

Amount of Each Receipt this Period

36.00

Payroll Deduction: \$36.00/

Full Name (Last, First, Middle Initial)

B. James EasterbrookMailing Address 4646 N Greenview Ave
Unit 10

City

Chicago

State

IL

Zip Code

60640-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : A34CE31D1F9DA47AF87E

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

C. William Fink

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : AEFED47562F774D2685F

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$150.00/

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

231.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Andrew Holstein

Mailing Address 630 W Germantown Pike
Ste 100

City State Zip Code
Plymouth Meeting PA 19462-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A017A5F24A2524FEAA1D

Amount of Each Receipt this Period

52.50

Payroll Deduction: \$52.50/

Full Name (Last, First, Middle Initial)

B. Jessica Orlando

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.60

Date of Receipt

09 / 30 / 2015

Transaction ID : A37EF139138AA4C9193A

Amount of Each Receipt this Period

34.59

Payroll Deduction: \$34.59/

Full Name (Last, First, Middle Initial)

C. Steven P Covino

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

09 / 30 / 2015

Transaction ID : A55F573E13C6E4987AB4

Amount of Each Receipt this Period

144.24

Payroll Deduction: \$144.24/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

231.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Paul ZabetakisMailing Address 1875 I St NW
FI 12

City Washington State DC Zip Code 20006-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015**Transaction ID : AA1612D79D4044F3B8C7**

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. William CrawfordMailing Address 100 Galleria Pkwy SE
Ste 1200

City Atlanta State GA Zip Code 30339-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015**Transaction ID : A71CD9F1678494C7ABC9**

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Robert Sepucha

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015**Transaction ID : A12F7655EAD4C4353B53**

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$576.93/

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Manikandan Pandi

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AFE49ED36A2A1494EA5C

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

B. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City

Chesapeake

State

VA

Zip Code

23322-6991

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Pysician Contracting

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A46112035FAB74DC98CB

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

C. Carol A Ernst

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AF9133C9CCB2C46D5A91

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Catherine Dubinsky

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AAA7BEF2A79A44792ABF

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Katrina Demlow

Mailing Address 3300 Vista Way

City

Oceanside

State

CA

Zip Code

92056-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AD607CF010A234E8196B

Amount of Each Receipt this Period

34.65

Payroll Deduction: \$34.65/

Full Name (Last, First, Middle Initial)

C. Geronia F Parlier

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A175B9001E5D64FA0863

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

207.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. James G Fowlds

Mailing Address 3545 Wilshire Blvd
Ste 103

City State Zip Code
Los Angeles CA 90010-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.18

Date of Receipt

09 / 30 / 2015

Transaction ID : A4A3095EABF8D469DBF2

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

B. Robert D Crick

Mailing Address 3501 Moyers Cir
Ste 200

City State Zip Code
Masonic Home KY 40041-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2015

Transaction ID : A4C685FA3B92B42DF998

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Barbara Williams

Mailing Address 5251 Dtc Pkwy
Ste 700

City State Zip Code
Greenwood Village CO 80111-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.53

Date of Receipt

09 / 30 / 2015

Transaction ID : AF21221CC9D964154AAD

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$24.00/

SUBTOTAL of Receipts This Page (optional)..... ►

139.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Liam Walsh

Mailing Address 1875 I St NW
 FI 12

City State Zip Code
 Washington DC 20006-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A0B318BA4B6DF46C8B40

Amount of Each Receipt this Period

201.00

Payroll Deduction: \$201.00/

Full Name (Last, First, Middle Initial)

B. Jenny Lee Fischer

Mailing Address 920 Winter St

City State Zip Code
 Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2015

Transaction ID : A4753592C6B2E45FD8F8

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Donald N Cantalupo

Mailing Address 100 Paterson Plank Rd
 Apt 313

City State Zip Code
 Jersey City NJ 07307-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : AC9D36FA93E5C4C1C982

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michelle Cowens

Mailing Address 516 Goldenwest St

City

Huntington Beach

State

CA

Zip Code

92648-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	5		

Transaction ID : A6B48817FD8F840B992C

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Cynthia LaMunyonMailing Address 225 E Germann Rd
Ste 230

City

Gilbert

State

AZ

Zip Code

85297-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	5		

Transaction ID : A26C0ED65575D44DBBEB

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

C. William McKinneyMailing Address 2901 Via Fortuna
Ste 600

City

Austin

State

TX

Zip Code

78746-7710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	5		

Transaction ID : A71C542A075254470871

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$210.00/

SUBTOTAL of Receipts This Page (optional)..... ►

370.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jayme Patterson

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : AE92CE850A94C42F38E6

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

B. Gordon Jee

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : ADCB15DCE4A35482699B

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Edda SpinelliMailing Address 511 N Brookhurst St
Ste 100

City

Anaheim

State

CA

Zip Code

92801-5229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : ADF2E80BCD7924D8B9C2

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

SUBTOTAL of Receipts This Page (optional)..... ►

177.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey HymesMailing Address 750 Old Hickory Blvd
Ste 230

City	State	Zip Code
Brentwood	TN	37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AC80D1EF9B0EB4CE7A24

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$300.00/

Full Name (Last, First, Middle Initial)

B. Peter Sauer

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A6B581D4C48C74C6EACE

Amount of Each Receipt this Period

165.00

Payroll Deduction: \$165.00/

Full Name (Last, First, Middle Initial)

C. Mark R Fawcett

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A3A7A629981B740DE9B2

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

SUBTOTAL of Receipts This Page (optional)..... ►

522.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Patrick McCarthy

Mailing Address 82 Belcher Dr

City	State	Zip Code
Sudbury	MA	01776-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A3A1C70CAE8C94AC4B1E

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$360.00/

Full Name (Last, First, Middle Initial)

B. Joseph Winslow

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A4EB61BC399E04984AB7

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$120.00/

Full Name (Last, First, Middle Initial)

C. Charles E Brown

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A6FF223E4F7884804A20

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Anthony Hayes

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : A487C3CE8011D476DBA8

Amount of Each Receipt this Period

93.00

Payroll Deduction: \$93.00/

Full Name (Last, First, Middle Initial)

B. Michael Tully

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Mgr Corp Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : A435981A3A7374DD6B2F

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

C. David GillonMailing Address 100 Galleria Pkwy SE
Ste 500

City

Atlanta

State

GA

Zip Code

30339-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : A873AD8D3BFF74B0DB81

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

195.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 19 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph Ruma

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A47D69AF06B154ADEBBE

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$90.00/

Full Name (Last, First, Middle Initial)

B. Julia Brennan

Mailing Address 8 King Rd

City

Rockleigh

State

NJ

Zip Code

07647-2500

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AF4A61175D35040B791A

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

C. James Pearce

 Mailing Address 1875 I St NW
 FI 12

City

Washington

State

DC

Zip Code

20006-5409

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AE7F434734956433CA29

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Lisa Dombro

Mailing Address 927 Prairie Ave

City	State	Zip Code
Park Ridge	IL	60068-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A9813AC1B3A5741158E6

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$576.93/

Full Name (Last, First, Middle Initial)

B. Wendy Schrag

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AAA020B4F3DB84862B4C

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

C. Donna McCarthy

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AB3325FE700FB44EFBFF

Amount of Each Receipt this Period

346.14

Payroll Deduction: \$346.14/

SUBTOTAL of Receipts This Page (optional)..... ►

968.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Allen MillsMailing Address 210 N Church St
Unit 2914

City	State	Zip Code
Charlotte	NC	28202-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A7D357A594F4C4663BF5

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Monica Cobb

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A3F9C977F7DDF4EF4A01

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Kim SonnenMailing Address 1875 I St NW
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A42E702BC6339431C84E

Amount of Each Receipt this Period

390.00

Payroll Deduction: \$390.00/

SUBTOTAL of Receipts This Page (optional)..... ►

563.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. David Cariello

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A2287936F0A874C7AB0E

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Nicholas BrownleeMailing Address 1875 I St NW
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A5FC63D4F3A854F0FA12

Amount of Each Receipt this Period

576.90

Payroll Deduction: \$576.90/

Full Name (Last, First, Middle Initial)

c. Mary Jo DavisMailing Address 1 Westbrook Corporate Ctr
Ste 1000

City	State	Zip Code
Westchester	IL	60154-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A9F2EEE425BE648B4B23

Amount of Each Receipt this Period

36.00

Payroll Deduction: \$36.00/

SUBTOTAL of Receipts This Page (optional)..... ►

728.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Erma Hall

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A68071F47F1184250953

Amount of Each Receipt this Period

114.00

Payroll Deduction: \$114.00/

Full Name (Last, First, Middle Initial)

B. Joseph H Johnston

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : AC858DF09E16143068CB

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

C. Jeffrey Perritano

Mailing Address 111 E Elizabeth St

City State Zip Code
Clinton NC 28328-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

09 / 30 / 2015

Transaction ID : A7ED37012DA2B4DB3BED

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Deborah HarveyMailing Address 100 Galleria Pkwy SE
Ste 500

City	State	Zip Code
Atlanta	GA	30339-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A895451F4C9504E53AAB

Amount of Each Receipt this Period

450.00

Payroll Deduction: \$450.00/

Full Name (Last, First, Middle Initial)

B. Judith Moran

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A034BEC1D3CBB4C278D6

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Sandra Geraci

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AE376635D5892429493B

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$120.00/

SUBTOTAL of Receipts This Page (optional)..... ►

627.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Drew David

Mailing Address 2282 Floral Ridge Dr

City	State	Zip Code
Dacula	GA	30019-7214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AF0C000B7D1E142169D4

Amount of Each Receipt this Period

34.62

Payroll Deduction: \$34.62/

Full Name (Last, First, Middle Initial)

B. William Perry

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A9A03FAA04C0B455CA7E

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

C. Marion Andersen

Mailing Address 475 W 13th St

City	State	Zip Code
Ogden	UT	84404-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A759CFC592FBA4B90AC7

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

SUBTOTAL of Receipts This Page (optional)..... ►

169.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michael Ramsey

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AECF2C3792A494D908C7

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

B. Nicole Devore

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A6E87034CBF664262916

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Steve Shaw

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A67E7A19CD3C84B13B92

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

SUBTOTAL of Receipts This Page (optional)..... ►

175.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Terry L Ketchersid

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : AFCE2486CAD274469A5C

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$300.00/

Full Name (Last, First, Middle Initial)

B. Mignon Early

Mailing Address 124 Verdae Blvd

City

Greenville

State

SC

Zip Code

29607-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A3BB5EDEDA0B94C33BD4

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$90.00/

Full Name (Last, First, Middle Initial)

C. Alexander Turfe

Mailing Address 920 Winter St

Ste 4346

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

09 / 30 / 2015

Transaction ID : A535BE1DD40EC475BB8B

Amount of Each Receipt this Period

346.17

Payroll Deduction: \$346.17/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

736.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. John Baldasaro

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A5142B37BC8EA427F8A9

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

B. Kathleen Kawa

Mailing Address 90 Glacier Dr

City

Westwood

State

MA

Zip Code

02090-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : ACD85BCF371B743FEB0A

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

C. Constance Torrey-Romanus

Mailing Address 3300 N Main St

City

Peoria

State

IL

Zip Code

61611-1562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.60

Date of Receipt

09 / 30 / 2015

Transaction ID : A62B03FA2708A412186F

Amount of Each Receipt this Period

34.59

Payroll Deduction: \$34.59/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.59

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michelle Gazella

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : A6C13CB43EC8241BB9DE

Amount of Each Receipt this Period

40.50

Payroll Deduction: \$40.50/

Full Name (Last, First, Middle Initial)

B. Donna M Painter

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : A0E9A945F0A224BA295A

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

C. Douglas G. Kott

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : A03982AE5026F41E9A4B

Amount of Each Receipt this Period

576.90

Payroll Deduction: \$576.90/

SUBTOTAL of Receipts This Page (optional)..... ►

662.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Beth Britton

Mailing Address PO Box 113

City

Grantham

State

NH

Zip Code

03753-0113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : AF0ABA710536C4E6BA78

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$45.00/

Full Name (Last, First, Middle Initial)

B. Terri Carlton

Mailing Address 1534 N Hoskins Rd

City

Charlotte

State

NC

Zip Code

28216-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : A5D97FA98EA1B40AB81D

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

C. Matthew D Kinser

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : A247F53B7D2074198A21

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional)..... ►

218.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Maria BurkeMailing Address 129 W Trade St
Ste 1050

City	State	Zip Code
Charlotte	NC	28202-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A1EB60CFFC986403FA72

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$90.00/

Full Name (Last, First, Middle Initial)

B. Nelson CoimbreMailing Address 2219 Hollywood Blvd
Ste 101

City	State	Zip Code
Hollywood	FL	33020-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A41AF387DC2534528B3D

Amount of Each Receipt this Period

51.93

Payroll Deduction: \$51.93/

Full Name (Last, First, Middle Initial)

c. Douglas S Maggio

Mailing Address 950 Golf View Ct

City	State	Zip Code
Dacula	GA	30019-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Director Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A1CD9FBEA1F4E473BA10

Amount of Each Receipt this Period

34.65

Payroll Deduction: \$34.65/

SUBTOTAL of Receipts This Page (optional)..... ►

176.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jayanta RayMailing Address 5215 N O Connor Blvd
Ste 1100

City	State	Zip Code
Irving	TX	75039-3739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A70465C884D114B5B86D

Amount of Each Receipt this Period

75.00

Payroll Deduction: \$75.00/

Full Name (Last, First, Middle Initial)

B. Brian Silva

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : AFB16F752D7F8468AB1B

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$576.93/

Full Name (Last, First, Middle Initial)

C. Robert P. LoeperMailing Address 1875 I St NW
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A72CDDDB516A774BE3817

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional)..... ►

767.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Grant Asay

Mailing Address 1421 Champion Forest Ct

City State Zip Code
Wheaton IL 60187-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AE798BD2669024D8DB7E

Amount of Each Receipt this Period

57.69

Payroll Deduction: \$57.69/

Full Name (Last, First, Middle Initial)

B. Stephanie DeFranco

Mailing Address 525 Sycamore Dr

City State Zip Code
Milpitas CA 95035-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A02048A1E898C458AA1A

Amount of Each Receipt this Period

115.38

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

10526.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : BCE4A7633DF1943A1A70

Amount of Each Disbursement this Period

189.58

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

189.58

189.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Orrin G. HatchOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B9ACE757C19C8413EBDE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Mark S. KirkOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : B03C45223330F4DB7A92

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional CampaignMailing Address 1519 Washington Street
Suite 200

City	State	Zip Code
Laredo	TX	78040

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Henry R. CuellarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : B532F5AF86DE44E84866

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Tom W. Reed IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : BEB87C24769984E22905

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Tom W. Reed IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : BD711DB2AFA744C92AAA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hellerhighwater PAC

Mailing Address PO Box 370672

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : B16879EAB7C2B4B4A87F

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

9000.00
